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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

**Complete if Known**

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|------------------------|-----------------------------------|
| Application Number     | 10/692764-Conf. #8952             |
| Filing Date            | October 24, 2003                  |
| First Named Inventor   | Stuart B. LEVY                    |
| Art Unit               | <del>1614</del> 1636              |
| Examiner Name          | <del>Not Yet Assigned</del> Makar |
| Attorney Docket Number | PAZ-205CP                         |

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| Sheet | 1 | of | 3 |
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| Examiner<br>Signature |  | Date<br>Considered |  |
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|  |   |    | Application Number       | 10/692764-Conf. #8952             |           |
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|  |   |    | Art Unit                 | <del>1614</del> 1636              |           |
|  |   |    | Examiner Name            | <del>Not Yet Assigned</del> Makar |           |
| Sheet  | 2 | of | 3                        | Attorney Docket Number            | PAZ-205CP |

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| NON PATENT LITERATURE DOCUMENTS |                       |  |                 |  |
|---------------------------------|-----------------------|--|-----------------|--|
| Examiner Initials               | Cite No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.      |                 |  |
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| Examiner Signature              |                       |  | Date Considered |  |

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| Sheet  | 3 | of | 3                        | Attorney Docket Number            | PAZ-205CP |

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<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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|--------------------|------------------|-----------------|------------|
| Examiner Signature | /Kimberly Makar/ | Date Considered | 04/25/2007 |
|--------------------|------------------|-----------------|------------|